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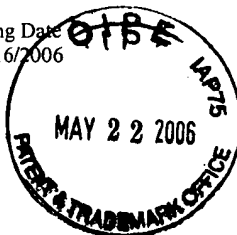
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Georgia Galanis	(Depositor's Name)
<i>Georgia Galanis</i>	(Signature)
May 17, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/673,204	02/01/2001	James C. Sturm	10020/28302	3470

TITLE OF INVENTION: BIPOLAR ORGANIC DEVICES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/16/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CLEVELAND, MICHAEL B.	1762	427-068000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indicating form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1 Kenyon & Kenyon LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing as assignment.

NAME OF ASSIGNEE

The Trustees of Princeton University

(B)RESIDENCE: (CITY and STATE OR COUNTRY)

P.O. Box 36, Princeton, New Jersey 08544

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A Check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27 (g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature: *Alan P. Force* Date: *May 17, 2006*

Typed or printed name: Alan P. Force Registration No.: 39,673

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